

FILED OCT 8 1948

Registration District No. 162

Primary Registration District No. 3031

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
423 So. Second St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify, whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Jerushia Frazier

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased May 11 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 18 hr. min.

9. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Wesley Frazier

13. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lizabeth Lepp

15. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ferd Haverstick

(b) Address DeSoto, Mo.

17. (a) Burial (b) Date thereof Oct. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, DeSoto

18. (a) Signature of funeral director J. Lee Motherhead

(b) Address DeSoto, Missouri

19. (a) 10/1/48 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 423 South Second St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1948 hour 3 minute 40 PM

21. I hereby certify that I attended the deceased from Sept 15,
1948 to Sept 28,
that I last saw her alive on Sept 28
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to myocardial insufficiency
Due to

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

5 yrs

15 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature George L. Johnson (M. D. or other) M.D.
Address DeSoto, Mo Date signed 10-1-48

RECEIVED
District Health Officer No. 9,
District File Number
OCT 8 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Andrew H. England....., Registered Apprentice No. 232,
working under my personal supervision.

Signed

Jess M. Mochushead
Licensed Embalmer No. 3531

P. O. Address Des Moines, IA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.